

FLORIDA MEDICAID

Prior Authorization

Provigil® (modafinil)

(12 Month Approval)



Note: Form must be completed in full. An incomplete form may be returned.

Recipient's Medicaid ID#

Grid for Recipient's Medicaid ID#

Date of Birth (MM/DD/YYYY)

Grid for Date of Birth (MM/DD/YYYY)

Recipient's Full Name

Grid for Recipient's Full Name

Prescriber's Full Name

Grid for Prescriber's Full Name

Prescriber License # (ME, OS, ARNP, PA)

Grid for Prescriber License #

Prescriber Phone Number

Grid for Prescriber Phone Number

Prescriber Fax Number

Grid for Prescriber Fax Number

Pharmacy Name

Grid for Pharmacy Name

Pharmacy Medicaid Provider #

Grid for Pharmacy Medicaid Provider #

Pharmacy Phone Number

Grid for Pharmacy Phone Number

Pharmacy Fax Number

Grid for Pharmacy Fax Number

NUVIGIL REQUESTS WILL BE REDIRECTED TO SUBMIT FOR PROVIGIL

INDICATION: (All testing should have been approved in the past 90 days for initiation of therapy.)

Narcolepsy

Approval is based upon the clinical interpretation of either of these tests, Multiple Sleep Latency, or Maintenance of Wakefulness. Please submit the physician's clinical interpretation of either test.

Obstructive Sleep Apnea/Hypopnea Syndrome

Approval is based upon the clinical interpretation of either Multiple Sleep Latency/Maintenance of Wakefulness Test, or Psychomotor Vigilance Task, or Steer Clear Performance AND concurrent use of Continuous Positive Airway Pressure, CPAP with significant compliance. Please submit the physician's clinical interpretation of either battery of tests. In addition, please submit documentation of usage of CPAP.

Shift Work Sleep Disorder

Approval is based upon the clinical interpretation of either Multiple Sleep Latency/Maintenance of Wakefulness Test, and the patient's night shift work schedule. (provided by the patient's supervisor)

DOSAGE:

Provigil _____mg Q _____Hrs for _____Months

Prescriber's Signature: _____ Date: _____

REQUIRED FOR REVIEW: Copies of medical records (i.e., diagnostic evaluations and recent chart notes), a copy of the original prescription, and the most recent copies of related labs.

The provider must retain copies of all documentation for five years.

Fax Information to:



Pharmacy Provider Services

Fax: 855-825-2717

Phone: 1-800-617-5727

FLORIDA MEDICAID
PROTOCOL
Provigil® (modafinil)



Approved Indications: (All testing should have been approved in the past 90 days for initiation of therapy.)

Narcolepsy –

Diagnosis supported by clinical testing and a physician's interpretation of these tests confirming the diagnosis.

Obstructive Sleep Apnea/Hypopnea Syndrome –

This syndrome being confirmed by clinical testing, a physician's interpretation of the tests supporting the diagnosis, and the confirmation of the patient's concurrent use of CPAP.

Shift Work Sleep Disorder –

This disorder being confirmed by a physician's interpretation of clinical testing and documentation by the patient's supervisor of at least 10 night shifts worked out of the past 30 days.

Approval Period:

Maximum of 12 months.